

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**10/539568**

FILING DATE

**Winston Alvarez**

APPLICANT(S)

**National Stage Processing  
Paralegal Specialist**

**(703) 305-8421**

**Winston Alvarez**

**CLAIMS**

**National Stage Processing  
Paralegal Specialist  
(703) 305-8421**

	DEP.	AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
		IND.	DEP.	IND.	DEP.
1	/	/			
2	/	/			
3					
4	2		/		
5	0		/		
6	0		/		
7	0		/		
8	0		/		
9	0		/		
10	0		/		
11	0		/		
12			/		
13			/		
14			/		
15			/		
16			/		
17			/		
18			/		
19			/		
20			/		
21			/		
22			/		
23			/		
24			/		
25			/		
26			/		
27					
28					
29					
30					
31					
32					
33					
34					
35					
36					
37					
38					
39					
40					
41					
42					
43					
44					
45					
46					
47					
48					
49					
50					
TOTAL IND.	2	2			
TOTAL DEP.	9	23			
TOTAL CLAIMS	11	25			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						